



November 22, 2019

Claire Ramlogan-Salanga, RM
President, College of Midwives of Ontario
55 St. Clair Ave. W., Suite 812, Box 27
Toronto, ON M4V 2Y7

Dear Claire:

Re: Proposed Changes to the Designated Drugs and Substances Regulation

We are grateful for the opportunity to provide feedback on the proposed changes to the Designated Drugs and Substance Regulation. We are very supportive of changes that lift restrictions and enable midwives to prescribe drugs in a manner which is responsive to the needs of their clients and communities. We also support the proposed changes as a means to facilitate access, reduce health system costs, and reduce delays in client care by eliminating the need for some physician consultations and enabling midwives to prescribe according to evolving evidence. We also believe these changes will enhance care for those clients living rural and remote communities in Ontario, who have greater challenges accessing timely care from physicians. These changes will also be protective of client safety by providing for a fuller list of drugs that can be accessible in case of the all too common cases of specific drug shortages.

We do have a few concerns about the proposal posted for public consultation, primarily with regard to the implementation of this change but also about the actual drugs included or omitted in the categories.

Communication and Implementation

We are operating on the assumption that some drugs listed in the categories will be available for midwives who choose to use them, based on the midwife's knowledge, skill, and judgement as well as their local context and the needs of their clients. We assume that midwives would only be required to acquire new competencies related to the drugs they intend to use. Further, that it would not be a breach of any standards if a midwife chose not to use any or all of the new drugs.

As some midwives choose to incorporate new drugs into their practice and others do not, how does the College expect to handle complaints about the differences in care offered between practice groups? It would be helpful for the College to clarify for members what exactly is the expectation for midwives around the expanded drug categories. Will midwives be in breach of any standards if they choose to continue not to prescribe some drugs, such as contraceptives, or antihypertensives?

Should these proposed changes be approved, we feel strongly that there will need to be a communications and implementation plan as the changes could be vary significant for midwives, especially in their inter-professional relations. AOM staff have heard from midwives having difficulties in their relationships with physician colleagues who are no longer being consulted by midwives following the recent changes to oxytocin. If midwives are no longer required to refer to physicians for certain drugs, despite this change benefiting clients and the health care system, some physicians may be less willing to support midwives with other aspects of care.

Drugs Included and Omitted

We are operating on the assumption that when tier 1 drugs are requested, this will also include all tier 2 and tier 3 drugs in that category. We have done a review of the drugs and noted a few omissions that we believe to be important in the midwives' pharmacopeia. Please see the attached appendix for a review of drugs.

We have not conducted a complete review or consulted with physicians, pharmacists, or non-AOM-staff midwives about what should be included. We would suggest a more formal review and consultation be undertaken by the College to ensure that the drug categories proposed are in line with the needs of midwives working to the fullest extent of their scope; that they are the drugs utilized within their communities; and that the list meets the needs of midwives working in expanded models and in rural and remote areas.

Although we appreciate that this is an improvement, we remain concerned that, as practice changes and new drugs are added, particularly to categories not previously considered, this approach to drug regulation has the potential to limit midwives' ability to respond to the changes. We recognize that the College's proposal to government was for broad prescribing that would have included all drugs that would reasonably fall within a midwifery scope of practice. While we recognize this was not possible, we would have preferred to see this approach by the Ministry of Health.

Need for Modernizing Lab Testing Regulations

We would be remiss not to mention the importance of complementary changes to the Laboratory and Specimen Collection Centre Licensing Act (R.R.O. 1990, REGULATION 682) to enable midwives to order the laboratory tests required for prescribing some of the proposed drugs. We are committed to contributing our advocacy to government to harmonize changes in the drug regulation with necessary changes to ordering lab testing. These changes are necessary to ensure the safe application and ongoing monitoring of the new medications in midwives' expanded pharmacopeia.

We are happy to discuss this further and to answer any questions you may have.

Yours truly,

A handwritten signature in black ink that reads "E Brandeis". The signature is written in a cursive style with a prominent initial "E" and a period at the end.

Elizabeth Brandeis, RM, President

Cc: Kelly Dobbin, CEO & Registrar, CMO
Kelly Stadelbauer, Executive Director, AOM
Allyson Booth, Director Quality and Risk Management, AOM

APPENDIX

CMO DRUG Regulation: methodology

AOM staff secured one-month access to the AHFS Drug Information® Database. Using the CMO’s proposed AHFS categories reference sheet, the AOM built an excel database of all drugs included in the proposed amended regulation.

AOM staff then reviewed the 2019 ALARM manual, the midwifery drug regulations from Ontario, BC, Quebec, NWT, Manitoba and Nova Scotia as well as the UK Midwifery Pocket Formulary to determine gaps in the CMO list.

The following table was compiled highlighting missing drugs or families of drugs.

Missing Drug or Drug Family	Drug category	Drug classes currently listed in CMO amended regulation	Required additions	Notes
5% Dextrose	40.00 Electrolytic, Caloric and Water Balance	40.08 Alkalinizing agents 40.12 Replacement preparations 40.36 Irrigating solutions	40.20 Caloric agents	Included in ON list.
Acetaminophen with tramadol	28.00 Central Nervous system Agents	28.04.16 Inhalation Anesthetics 28.08 Analgesics and Antipyretics 28.10 Opiate Antagonists 28.12.92 Anticonvulsants, Miscellaneous 28.24.08 Benzodiazepines 28.92 CNS Agents, Miscellaneous	Tramadol is included in the CMO list but not with acetaminophen. Unsure if addition is required.	Included on BC drug list
Alginic acid (gacison)	56.00 Gastrointestinal Drugs	56.22.20 5-HT3 Receptor Antagonists 56.28.28 Prostaglandins 56.32 Prokinetic Agents	56.04 Antacids and Adsorbents	Included on QB MW drug list
Betamethasone	68.00 Hormones and Synthetic Substitutes	68.12 Contraceptives 68.32 Progestins	68.04 Adrenals	This is for the systemic version. CMO included the topical version under 84.06.08 Corticosteroids (Skin & Mucous Membranes)

Missing Drug or Drug Family	Drug category	Drug classes currently listed in CMO amended regulation	Required additions	Notes
Bisacodyl	56.00 Gastrointestinal Drugs	56.22.20 5-HT3 Receptor Antagonists 56.28.28 Prostaglandins 56.32 Prokinetic Agents	56.12 Cathartics and Laxatives	Included in MW Pocket Formulary
Captopril	24.00 Cardiovascular Drugs	24.08.20 Direct Vasodilators 24.24 B-Adrenergic blocking agents	24:32.04 Angiotensin- Converting Enzyme Inhibitors	HDP – maintenance - (was listed in addition to Nifedipine, Methyldopa & Labetalol for BF safe HDP meds for PP use)
Cimetidine	56.00 Gastrointestinal Drugs	56.22.20 5-HT3 Receptor Antagonists 56.28.28 Prostaglandins 56.32 Prokinetic Agents	56:28.12 Histamine H2 Antagonist	Included in MW Pocket Formulary
Dexamethasone	68.00 Hormones and Synthetic Substitutes	68.12 Contraceptives 68.32 Progestins	68.04 Adrenals	This is for the systemic version. CMO included the topical version under 84.06.08 Corticosteroids (Skin & Mucous Membranes)
Diabetic Drugs • Insulin • Metformin	68.00 Hormones and Synthetic Substitutes	68.12 Contraceptives 68.32 Progestins	68.20 Antidiabetic Agents OR 68.20.08 – Insulins 68.20.04 Biguanides	MWs working in collaborative care models. Could take drugs as tier 3 or tier 2.
Docusate calcium/ Docusate sodium	56.00 Gastrointestinal Drugs	56.22.20 5-HT3 Receptor Antagonists 56.28.28 Prostaglandins 56.32 Prokinetic Agents	56.12 Cathartics and Laxatives	Included on QB MW drug list

Missing Drug or Drug Family	Drug category	Drug classes currently listed in CMO amended regulation	Required additions	Notes
Enalapril	24.00 Cardiovascular Drugs	24.08.20 Direct Vasodiliators 24.24 B-Adrenergic blocking agents	24:32.04 Angiotensin-Converting Enzyme Inhibitors	HDP – maintenance - (was listed in addition to Nifedipine, Methyldopa & Labetalol for BF safe HDP meds for PP use)
Iron supplements	20.00 Blood Formation, Coagulation and Thrombosis	20.28.16 – Hemostatics	20.04.04 – Iron preparations	Included on QB, NWT drug lists
Methyldopa	24.00 Cardiovascular Drugs	24.08.20 Direct Vasodiliators 24.24 B-Adrenergic blocking agents	24:08.16 Central alpha - Agonists	Included in ALARM - HDP - maintenance
Nifedipine	24.00 Cardiovascular Drugs	24.08.20 Direct Vasodiliators 24.24 B-Adrenergic blocking agents	24.28.08 – Dihydropyridines	Included in ALARM - HDP - acute; PTL
Nitroglycerin	24.00 Cardiovascular Drugs	24.08.20 Direct Vasodiliators 24.24 B-Adrenergic blocking agents	24.12.08 – Nitrates and Nitrites	Included in other MW drug lists - tx of UT tachy
Prochlorperazine	56.00 Gastrointestinal Drugs	56.22.20 5-HT3 Receptor Antagonists 56.28.28 Prostaglandins 56.32 Prokinetic Agents	56:22.08 Antihistamine	Included on BC drug list
Ranitidine	56.00 Gastrointestinal Drugs	56.22.20 5-HT3 Receptor Antagonists 56.28.28 Prostaglandins 56.32 Prokinetic Agents	56:28.12 Histamine H2 Antagonist	Included on BC drug list.
Terbutaline Sulfate	12.00 Autonomic Drugs	12.12.12 – alpha and beta-Adrenergic agonists	12:12.08.12 – Selective beta-2-Adrenergic Agonists	Included in MW Pockey Formulary
Ursodiol	56.00 Gastrointestinal Drugs	56.22.20 5-HT3 Receptor Antagonists 56.28.28 Prostaglandins 56.32 Prokinetic Agents	56:14 Cholelitholytic Agents	Drug for cholestasis

Missing Drug or Drug Family	Drug category	Drug classes currently listed in CMO amended regulation	Required additions	Notes
Vasopressin	68.00 Hormones and Synthetic Substitutes	68.12 Contraceptives 68.32 Progestins	68:28 Pituitary	Out of scope? Suggested as a means to reduce bleeding from placenta site with placenta previa (ALARM 2019)